

CHS *LATE NIGHT*

Sponsored by the Centennial High School PTSA
4300 Centennial Lane, Ellicott City, MD 21042

CHS LATE NIGHT ACCIDENT WAIVER AND RELEASE OF LIABILITY

I, (please PRINT parent/guardian name) _____ (“Parent/Guardian”), the parent/guardian of (please PRINT student name) _____ (“Student”) permit him/her to attend CHS Late Night sponsored by Centennial High School PTSA, Incorporated which is to be held April 27-28, 2019 from 11:00 p.m. to 2:30 a.m. at The Mall in Columbia.

Parent/Guardian and Student understand that CHS Late Night is an event that involves risks. We acknowledge that we are aware of the inherent risks of participating in an event such as CHS Late Night and hereby assume all of the risks of Student participating in any and all of the CHS Late Night activities. Parent/Guardian and Student, intending to be legally bound, do hereby for ourselves and heirs, executors, administrators and assigns (a) forever waive, release and discharge the Centennial High School PTSA, Incorporated (CHSPTSA), its directors, officers, volunteers, representatives, agents and vendors, and the Maryland PTA, including all units and councils, and all of their officers, directors, members, volunteers and agents from all liability, claims or demands for any damage, loss or injury to Student, Student’s property, or Parent/Guardian’s property in connection with participation in activities at, or travel to, CHS Late Night; and (b) indemnify and hold harmless the CHSPTSA, its directors, officers, volunteers, representatives and agents personally from any and all such liabilities or claims made as a result of participation in CHS Late Night. We acknowledge that this Accident Waiver and Release of Liability form will be used by the holders, sponsors and organizers of this event in which Student may participate, and that it will govern our actions and responsibilities at the event, including our travel to and from the event.

We attest and verify that Student is in good health and is physically fit and able to participate in this event. In case of illness or accident, permission is granted for emergency treatment to be administered on site or at the nearest medical facility determined by emergency personnel transporting and/or providing said medical treatment which may be deemed advisable in the event of injury, accident or illness during the event. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs. We hereby advise that said student has (or had) the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician: _____.

We understand that Student may be photographed at this event. We agree to allow Student’s photo, video or film likeness to be used for any legitimate purpose by the event holder, producers, sponsors, organizers and assigns. We understand all of the rules and conditions set forth in the attached CHS Late Night Information & Rules document and agree to abide by them. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

We hereby certify that we have read this document and understand its content.

Student Name (PRINT)

Parent/Guardian Name (PRINT)

Student Signature

Date

Parent/Guardian Signature

Date

(Please Return This Page Signed & Dated To Purchase Your Ticket)